

PUBLIC HEALTH BYTES

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Henrico Health Department's Newsletter

Working in partnership with the citizens of Henrico County to create the conditions for health. February 2007 Volume 3 Issue 2

PANDEMIC ALERT PHASE: 3

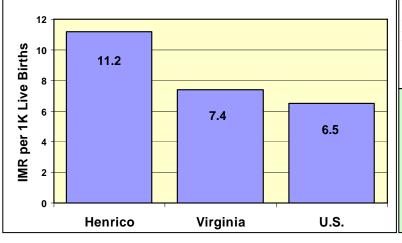
Pandemic/Avian Flu Update: Human Cases – In the last 30 days, Nigeria and Laos (Lao, People's Democratic Republic) each reported their first human H5N1 infection, while Egypt reported three new cases. The newest H5N1 cases occurred in women ages 15, 17, 22 and 37 years and a male aged 5 years. Of the 275 human cases reported by twelve countries from 2003 to 2/27/2007, 167 have been fatal (60.7%).

Avian influenza vaccine- A 14-member panel advised the FDA to grant a license to the first commercial vaccine designed to protect against the H5N1 avian flu. Although only 45 percent of participants developed a protective response in a small clinical trial, the Sanofi Pasteur vaccine could be used as a "stopgap measure" if approved.

Infant Mortality Rates

The Richmond Metro area has observed an increase in the infant mortality rate (IMR) between 2003 and 2005 (latest official data available). IMR, number of infant (<1 year of age) deaths per 1000 live births, is an important community health indicator. The 2005 IMRs for Henrico, Virginia, and the U.S. are 11.2, 7.4 and 6.5, respectively (see graph below). Henrico, Richmond and Chesterfield health departments are pursuing funding to focus efforts on impacting the IMR and are requesting your ideas and input. Please call Dr. Levine at (804) 501-4522 to share your ideas. Preliminary analysis of IMR data in Henrico reveals that prematurity is the most common diagnosis among local cases. Quality preconception health care and prevention of preterm birth are two medical interventions that could make a significant difference. March of Dimes has two CME resources for clinicians that might be of interest: Compendium of Preterm Birth at www.marchofdimes.com/pretermbirth and Preconception Health care checklist at: http://www.marchofdimes.com/preconception

Infant Mortality Rate Per 1,000 Live Births, 2005



Seasonal Influenza Corner

Virginia 2006/2007 Influenza Surveillance Activity Level: *Widespread* (as of 2/24/2007)

http://www.vdh.state.va.us/Epidemiology/Surveillance/Influenza/

Norovirus Outbreaks

The community continues to experience a relatively high incidence of gastrointestinal illness. Henrico Health Department has worked with over 18 long term care facilities since September on GI outbreaks with most confirming norovirus as the etiologic agent. Many schools have recently reported students absent with GI symptoms also consistent with norovirus. We have recommended sending letters home with students at schools with higher than expected absenteeism. The letters provide guidance on infection control and ask parents to consider keeping children home up to three days after symptoms resolve in an effort to decrease transmission. This is most important for younger children who may not be able to practice adequate hand hygiene. Please encourage patients who work in "highrisk settings" (food preparation, healthcare delivery) to follow the same guidance. Patient educational information is available at

http://www.vdh.virginia.gov/Epidemiology/Surveillance/norovirus.htm

Emergency Preparedness

The Special Medical Needs Shelter Planning Sub-group to the Health and Medical Advisory Group will meet on March 15 at 10:30 AM. This sub-group will identify capabilities and requirements for sheltering medically fragile citizens during an emergency. Please contact Michael.Magner@vdh.virginia.gov for more information. Medical Reserve Corps (MRC): The next Henrico MRC training event will be on March 22 at 7:00 PM. The topic will be Bioterrorism. First Aid certification will be offered free of charge on a monthly basis to registered MRC members. MRC volunteers are asked to complete an on-line course and test, prior to classroom training. See www.co.henrico.va.us/health/mrc.htm for more info.

Prepared by Henrico Health District:

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